

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6	/					
7		/				
8		/				
9		/				
10	/					
11		/				
12		/				
13		/				
14		/				
15		/				
16	/					
17		/				
18		/				
19		/				
20	/					
21		/				
22		/				
23		/				
24		/				
25		/				
26	/					
27		/				
28		/				
29		/				
30	/					
31		/				
32		/				
33		/				
34		/				
35		/				
36	/					
37		/				
38		/				
39		/				
40	/					
41		/				
42		/				
43		/				
44	/					
45	/					
46	/					
47		/				
48		/				
49		/				
50	/					
TOTAL IND.	13					
TOTAL DEP.	27					
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54	/					
55	/					
56		/				
57		/				
58	/					
59	/					
60	/					
61	/					
62	/					
63	/					
64	/					
65		/				
66		/				
67		/				
68		/				
69	/					
70		/				
71		/				
72		/				
73	/					
74		/				
75		/				
76		/				
77	/					
78		/				
79		/				
80		/				
81	/					
82	/					
83		6				
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	14		27			
TOTAL DEP.	27		61			
TOTAL CLAIMS						